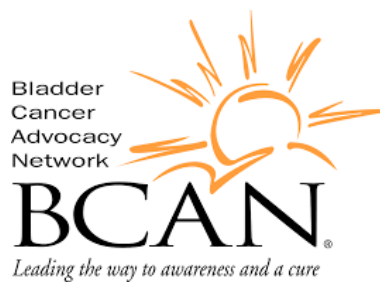


BCAN Multidisciplinary Clinic Survey

Please complete this short survey to help us understand your clinical practice. Feel free to elaborate on your answers in the comments sections or pose other questions. By submitting this survey you are giving us consent to report and publish the results in a de-identified manner.

Overarching Objectives: To catalogue the different styles of multidisciplinary approaches (or lack thereof) in the treatment of muscle invasive bladder cancer as well as to assess the degree of physician interest and beliefs, to capture examples of successful approaches, and to describe barriers to implementation.



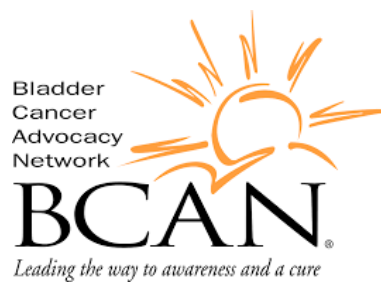
BCAN Multidisciplinary Clinic Survey

1.

Please tell us your contact information. This is optional but preferred data is at least name, institution, and email.

All responses will be kept strictly confidential.

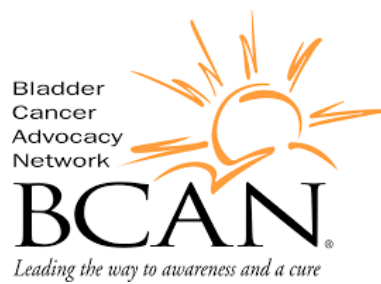
Name	<input type="text"/>
Institution	<input type="text"/>
Address	<input type="text"/>
Address 2	<input type="text"/>
City/Town	<input type="text"/>
State/Province	<input type="text"/>
ZIP/Postal Code	<input type="text"/>
Country	<input type="text"/>
Email Address	<input type="text"/>
Phone Number	<input type="text"/>



BCAN Multidisciplinary Clinic Survey

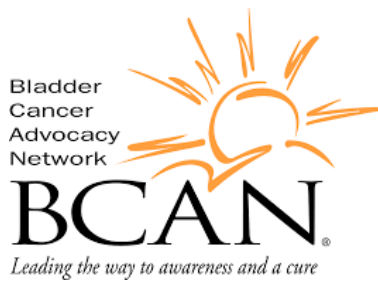
2. Please choose the description that best fits the type of your clinical practice:

- ☐ NCI designated comprehensive cancer center
- ☐ NCI designated cancer center (non-comprehensive)
- ☐ Non-NCI designated cancer center
- ☐ US Community-based practice (non-cancer center)
- ☐ Canadian Academic Institution
- ☐ Canadian Community-based Practice
- ☐ Other (please specify)



BCAN Multidisciplinary Clinic Survey

3. Please estimate the number of muscle invasive bladder cancer patients (e.g., T2N0M0 or TanyN+M0) that are seen each month in your practice? Use a whole number (e.g. 5)



BCAN Multidisciplinary Clinic Survey

4. What type of multidisciplinary approach does your practice have? Choose multiple if applicable.

- ☐ Sequential with same day appointments between the different specialites
- ☐ Sequential but with different day appointments between the different specialites
- ☐ Concurrent (one time slot where multiple doctors see the patient at once)
- ☐ Corridor curbside
- ☐ Email curbside
- ☐ None

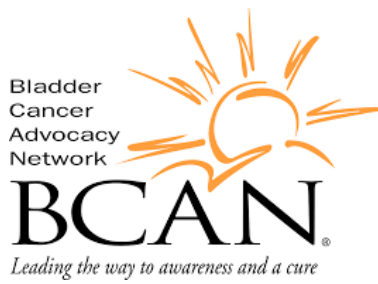
5. If you have a multidisciplinary team, what is your preferred approach?

- ☐ Sequential with same day appointments between the different specialites
- ☐ Sequential but with different day appointments between the different specialites
- ☐ Concurrent (one time slot where multiple doctors see the patient at once)
- ☐ Corridor curbside
- ☐ Email curbside
- ☐ No preference
- ☐ Other (please specify)

BCAN Multidisciplinary Clinic Survey

6. Which of the following resources are available to you in your clinic?

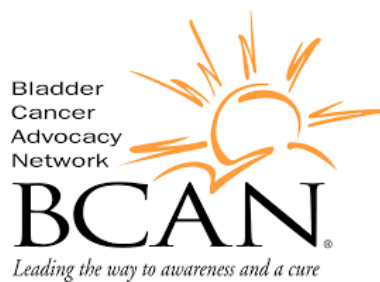
	Within the same clinic	Within the same building	Available by referral	Not available within my institution
Urologic oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Medical oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiation oncology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pathology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Radiology (real time access to radiologist review)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Clinical nurse specialist (education/teaching)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wound ostomy services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Psychologic services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Social work services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



BCAN Multidisciplinary Clinic Survey

7. What resources or barriers do you feel you are lacking that would make a multidisciplinary approach easier to execute or more successful? Choose all that apply.

- ☐ Funding
- ☐ Not enough room or clinic space
- ☐ No collegial colleagues with whom I can execute this approach
- ☐ Different style of approach than your colleagues
- ☐ Too time consuming
- ☐ Not enough staff or coordinators to execute effectively
- ☐ Personal disbelief in the utility of this approach
- ☐ I am confident in the treatments of the other specialties that I feel I can adequately describe without the need for this approach
- ☐ Other (please specify)

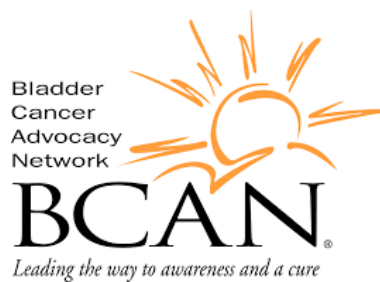


BCAN Multidisciplinary Clinic Survey

8. Do you have a mechanism in place by which patients are prepared ahead of time such as with written instructions or a phone call by a clinical nurse specialist to discuss their diagnosis and the rationale behind the multidisciplinary approach?

- ☐ Yes, written instructions are mailed to the patient
- ☐ Yes, patient is called by clinic staff (e.g., nurse navigator)
- ☐ Yes, but a different approach than those listed. Please detail below
- ☐ No
- ☐ Other (please specify)

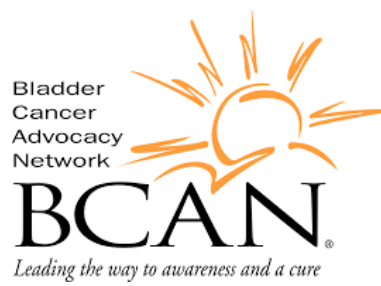
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BCAN Multidisciplinary Clinic Survey

9. If you have a multidisciplinary clinic, has it enriched your practice?

- ☐ Yes
- ☐ No
- ☐ Please detail how it has enriched your practice (e.g., more knowledgeable about the other disciplines, changed biases with respect to the most effective treatments). Alternatively, if it has not enriched your practice, please provide details why not.



BCAN Multidisciplinary Clinic Survey

Thank you very much for your time and insight into this important clinical practice question. If you have any other comments, please detail them below.

10. Please add other comments here.